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APPLICANTS

Kenneth Merdan, Greenfield, MN;

Matt Shedlov, Rockford, MN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

28075
 CROMPTON, SEAGER & TUFTE, LLC
 1221 NICOLLET AVENUE
 SUITE 800
 MINNEAPOLIS, MN
 55403-2420

TITLE

Inverted stent cutting process

FILING FEE RECEIVED 1068	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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